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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Oct 25 9 09 AM '65

I. NAME OF OWNER AMERADA PETROLEUM CORP.	
TO AMERADA PETROLEUM CORP.	
EFFECTIVE DATE 1969	
Address P. O. Box 668 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
For New Well	Number of Transporter (s)
For Change of Ownership	For Dry Gas
For Change of Location	For Change of
Other (Please explain) To add Amerada Petroleum Corporation as transporter of gas.	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE	
Well Name F. Turner Jr. "A"	Well No. 4
Location Skaggs	Kind of Lease Fee
Unit Number F	1987
Feet From The West	Line and 1980
Feet From The North	Lea
Line Section 18	Township 20S
Range 38E	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil (X) or Condensate	Address (Give address to which approved copy of this form is to be sent)
Shell Pipe Line Co.	Box 1598, Hobbs, New Mexico
Name of Authorized Transporter of Gas (X) or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corp. Amerada Petroleum Corp.	Box 67, Monument, New Mexico Drawer "D", Monument, New Mexico
If well produces oil or liquid, give location of tanks	Unit I
Sec. 18	Twp. 20S
Range 38E	Is gas actually connected? Yes

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen
Date Completed	Date Casing Ready to Prod.
Total Depth	Flow Test
Name of Producing Formation	Top Oil/Gas Pay
Tubing Depth	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test
Producing Method (Flow pump, gas lift, etc.)	
Length of Test	Tubing Pressure
Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.
Water-Bbls.	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure
Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
APPROVED _____, 19	
BY _____	
TITLE _____	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	
District Superintendent	
October 22, 1965	